



City of Watertown, Municipal Civil Service  
245 Washington Street, Room 201B  
Watertown, NY 13601  
(315) 785-7733



## APPLICATION FOR TEMPORARY EMPLOYMENT

\_\_\_\_\_  
Title of Position

**Answer all questions fully. Attach additional sheets and documents if needed** to give complete information. An incomplete application may result in disapproval. **A RESUME WILL NOT BE ACCEPTED AS A SUBSTITUTE.**

PLEASE PRINT OR TYPE

1. Social Security Number

\_\_\_\_/\_\_\_\_/\_\_\_\_

2. Full Name and Address:

Last Name First Name M.I.

Mailing Address

City/State/Zip

Phone Number (include area code)

Home: \_\_\_\_\_ Other: \_\_\_\_\_  
Specify work, cell, etc.

### REQUIRED INFORMATION

LEGAL ADDRESS (Not a Post Office Box #)

Number and Street

City/State/Zip

3. Are you a citizen of the United States? Yes ☐ No ☐

If no, do you have the legal right to accept employment in the  
United States? Yes ☐ No ☐

(Non-citizens may be required to produce I-151 or I-551 Alien Registration Cards.)

4. Are you at least 18 years of age: Yes ☐ No ☐  
UNDER 18 MUST SUBMIT A WORK PERMIT.

5. Check appropriate box:

A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? Yes ☐ No ☐

B. Did you ever resign from any employment rather than face dismissal? Yes ☐ No ☐

C. Did you ever receive a discharge from the Armed Forces of the United States which was less than "Honorable", or which was issued under other than honorable circumstances? Yes ☐ No ☐

D. Have you ever been convicted of any crime (felony or misdemeanor)? Yes ☐ No ☐

E. Have you ever forfeited a bail bond posted to answer any criminal charge (felony, misdemeanor or violation including traffic infractions)? Yes ☐ No ☐

F. Are you now under charges for any crime (felony, misdemeanor or violation including traffic infractions)? Yes ☐ No ☐

If you answered "YES" to any of the questions 5 A-F above, you must give specifics. (Attach additional 8½" by 11" sheets.) If such explanation is insufficient, a confidential investigation supplement will be sent to you. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position(s) for which you are applying.

6. **Education:** Do you have a High School Diploma? Yes ☐ No ☐

If yes, name of school: \_\_\_\_\_

Year graduated: \_\_\_\_\_

If no, have you received a GED? Yes ☐ No ☐

Issuing Authority: \_\_\_\_\_

Date of Issue: \_\_\_\_\_

**ALL STATEMENTS ARE SUBJECT TO VERIFICATION. IT IS A CRIME, PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW, TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN. MIS-REPRESENTATIONS MAY CONSTITUTE CAUSE FOR DISQUALIFICATION OR SUBSEQUENT DISCHARGE FROM EMPLOYMENT.**

**THIS DECLARATION MUST BE COMPLETED:** I declare, subject to the penalties of law, that the statements made in this application (including any accompanying papers) are true and complete to the best of my knowledge. I authorize the City of Watertown to contact school/college and former employers cited in this application or attachments in order to verify work record and/or educational credentials. I understand that acceptance of this application by the City of Watertown does not constitute or imply a commitment or willingness to offer employment to me in this or any other position.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Indicate any other surnames (last name) by which you are or have been known.

DO NOT WRITE IN SHADED AREAS – FOR CIVIL SERVICE USE ONLY

DATE RECEIVED

- ☐ Approved  
☐ Conditional  
☐ Disapproved

Approved titles only:

## An Equal Opportunity Employer/American Disabilities Act (EEO/ADA)

Education Above High School: Name of School _____	Location (City/State) _____	Course or Major _____	Credits Completed Sem.Hrs. _____ Qtr. Hrs. _____	Degree Received (Circle One) _____	Year _____
				AAS BS/BA MA _____	

  

**License and/or Certification:** \_\_\_\_\_

Is this certification permanent? Yes ☐ No ☐

Skill, Trade or Profession: \_\_\_\_\_ License/Certificate#: \_\_\_\_\_

Name of Issuing Agency: \_\_\_\_\_ Valid From: \_\_\_\_\_ To: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Class: \_\_\_\_\_

**Work Experience:**

**Listing your most recent job first**, please describe all duties performed for all positions held. To receive credit for a job, you must complete all information requested, including job title, employer and supervisor's name and address, duties, specific dates (month/year) and hours per week. You may also attach additional sheets as necessary, but please be sure to include all information as requested on this form. **A RESUME WILL NOT BE ACCEPTED AS A SUBSTITUTE. Incomplete applications will be returned.**

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Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Hours/Week: \_\_\_\_\_  
(Month/Year) (Month/Year)

Employer's Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Employer's Address & Phone: \_\_\_\_\_

Duties: \_\_\_\_\_

Earnings: \$ \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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**Work Experience: (Continued)**

Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Hours/Week: \_\_\_\_\_  
(Month/Year) (Month/Year)

Employer's Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Employer's Address & Phone: \_\_\_\_\_

Duties: \_\_\_\_\_

Earnings: \$ \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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**Work Experience: (Continued)**

Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Hours/Week: \_\_\_\_\_  
(Month/Year) (Month/Year)

Employer's Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Employer's Address & Phone: \_\_\_\_\_

Duties: \_\_\_\_\_

Earnings: \$ \_\_\_\_\_ Reason for leaving: \_\_\_\_\_